2. Fiscal Year Covered From:

Department of Labor "...ce" of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report satisfied under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

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	For Official Cap-Only	
	M. L. Cran	
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1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

3630	1 /1./64 Through: /4/31/04					
3. Name and address of person filing.	4. Name, file number, and address of labor organization.					
Name William TRULBY	Name HIEAT+FROST INSULATORS 4. ASBIESTOS, Name WORKIERS - LOCAL # 32					
	Labor Organization File Number					
	±036523					
P.O. Box, Bidg., Room No., if any	P.O. Box, Building and Room Number. if any					
Street 870 BROADWAY City NIEWARK	Street 870 BROADWAY					
CIN NIEWARK	City NEWARK,					
State (VIEW JIERSPEY ZIP Code + 4 07104	State NIZW DIZRSIZY ZIP Code +4 87104 :					
5. Position In labor organization. BUSINIESS ASIENT.						
Enter appropriate data below if, during the past fiscal year, you or your apouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):						
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetery value from an employer whose employees your organization represents or is actively seeking to represent.						
6. Name and address of Employer (including trade name, if any),	7,a, Nature of Interest, Transaction, or Income					
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
	7,6, Amount.					
Street						
Cily .						
State ZIP Code + 4						
Signature						
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete. (See the se	ring documents), has been examined by the signatory and is, to the best of the					
Signed Ullam Mulh	On 8/12/05 973 485 - 3626					
	Odia. Leichythus iaminet					
Form LM-30 (2003) Page 1 of 2						

Moore Stephens, P. L. Name of Person Filing File Number U-36523 B. Held an Interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of en amployer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9. Business deals with: Name a. Labor Organization Trade Name, if any: , b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street City ZIP Code + 4 State ; 11.a. Nature of such dealing. 10, If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street Approximate dollar value of such dealing. City 12.a. Nature of interest held or income received. ZIP Code + 4 State 12.b. Amount, C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a. Name and address of Employer or Labor Relations Consultant (including trade name. If any). DINNER ATALANTA Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 101 PARK AVE. CIN NEW YORK CITY

14.b. Amount of payment.

10000

SIBLE VIEW YORK

13.b. Is the Business on Employer

ZIP Code +4 10178

or Consultant

Naminof Person Filing William TRULBY	File N	umber U- 3	6523		
B. Held an Interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employee whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name	o Labor Osnavization				
Trade Name, if any:	a. Labor Organization . b. Trust				
P.O. Box. Bldg., Room No., if any	c, Employer	•			
Street	o, cripinga				
City					
State ; ZIP Code + 4		-			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		W +		
Name	•				
Trade Name, if any:			Í		
P.Q. Box, Bldg., Room No., if any					
Sireet	11.b. Approximate dollar value of such dealing.				
City	12.a. Nature of interest held or inco				
State ZIP Code + 4	•		!		
		·			
	12.b. Amount.				
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money					
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name. If any).	14.a. Nature of payment.				
Name ATALANTA SOSNOPE	DINNER - 3	3/29/09	4		
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street 101 PARK AURZ.					
CIN NIEW YORK CITY					
State NIEW YORK ZIP Code + 4 10178					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.				

Name of Person Filling WI/IAM TRULISY	File Number U- 36523				
B. Held an Interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any).	9. Business deals with:				
Name					
Trade Name, if any:	a. Labor Organization				
P.O. Box. Bldg., Room No., if any	b. Trust c. Employer				
Street					
City	(
State ; ZIP Code + 4					
10. If 9.b. or 9.c. is checked give trust or employer's name,	11.a. Nature of such dealing.				
Name					
Trade Name, if any:					
P.Q. Box, Bidg., Room No., if any					
Street	11.b. Approximate dollar value of such dealing.				
City	12.a. Nature of interest held or income received.				
State ZIP Code + 4					
	}				
	12.b. Amount.				
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (Including trade name, If any).	14.a. Neture of payment.				
Name ATALANTA SOSNORE	CHRISTMAS LUNCH.				
Trade Name, if any:	17/21/				
P.O. Box, Bldg., Room No., if any	12/20/04				
Street 101 PARK AUR					
CIN NIEW YORK CITY					
SIDLE NEW YORK ZIP Code +4 10178	•				
13.b. Is the Business on Employer or Consultant?	14.b. Amount of payment.				